WRITTEN ANSWERS TO STARRED QUESTIONS

Compulsory sterilization

* 85. SHRI GHULAM NABI AZAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether due to unprecedented growth of population, India needs compulsory sterilization;

(b)' if so, whether Government are taking any steps in this regard;

(c) whether Government have under consideration any other plan to control population; and

(d) if so, the particulars thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (d) India was among the first countries globally to launch a- National Family Welfare Programme, in 1952, with the objective of reducing birth rates to the extent necessary to stabilize the population at a level consistent with the requirement of national economy. In keeping with the democratic tradition of(the country, the family welfare programme seeks to:

* promote responsible and planned parenthood through voluntary and informed choice of family planning methods best suited to individual acceptors, and
* continue the target free approach in administering family planning services.

We do not perceive that India needs compulsory sterilization. Our past experience indicates that it neither feasible nor desirable to put in place harsh or coercive measures for the promotion of compulsory sterilization. During 1970s, Family Welfare Programme focused primarily on terminal methods and received a setback on account of the rigid target based approach and coercion adopted during implementation. The Family Welfare Programme is today fully voluntary, target free and as well as need based. Our emphasis is on providing wider coverage and outreach of services

while encouraging citizens through information, education and communication to access the services and facilities provided.

In particular remarkable progress has been made in the area of population stabilization in Kerala, Goa and Tamil Nadu without any coercion or compulsion. There is no proposal to make sterilization compulsory.

The Government is extremely concerned about, improving the quality of life of its citizens by making reproductive health care accessible and affordable to all, besides also increasing the provision and outreach of primary and secondary education, extending basic amenities including sanitation, safe drinking water and housing, besides empowering women and enhancing their employment opportunities, and providing transport and communication.

Accordingly, Government has recently taken the following steps:

* 1997 — Launched the Reproductive and Child Health Programme which has put in place the target free approach in the administration of Family Planning services.

* February 2000 — Adopted the National Population Policy 2000 which seeks to put in place an inter-sectoral agenda for achieving the goals and objectives of population stabilization.

A large number of factors influence population growth rated and in turn are affected by it. Some of these factors are women's empowerment, women's status in the family, education particularly of women, and some other factors. Our actual success in containing the growth of population is dependent on:

(i) Publicly stated support by the national level, state level and community level leaders;

(ii) Efficiency and accountability within the State Health Systems for ensuring effective delivery of services to citizens;

(iii) Women's education and women's status in the family;

(iv) Resources assigned for population related programmes.

Government has adopted a National Population Policy in February, 2000 which provides a holistic approach for achieving early

population stabilisation. The Population Policy affirms the commitment of government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in administering family planning-services. It was laid on the Table of both Houses of Parliament during March, 2000.

The immediate objective of the National Population Policy is to address the unmet needs or contraception, health infrastructure, health personnel and to provide integrated service delivery for basic reproductive and child health care. The medium term objective is to bring the total fertility rates to replacement level by 2010, through vigorous implementation of inter-sectoral operational strategies.

In pursuance of these objectives, the following National Socio-Dcmographsc Goals are enumerated for achievement by 2010:

(1) Address the unmet needs for basic reproductive and child health services, supplies and infrastructure, (2) Make school education up to age 14 free and compulsory, and reduce drop outs at primary and secondary schoo' levels to below 20 per cent for both boys and girls, (3) Reduce infant mortality rate to below 30 per 1000 live births, (4) Reduce maternal mortality ratio to below 100 per 100,000 live births, (5) Achieve universal immunization of children against all vaccine preventable diseases, (6) Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age, (7) Achieve 80 per cent institutional deliveries and 100 per cent deliveries by trained persons, (8) Achieve universal access to information counseling, and services for fertility regulation and contraception with a wide basket of choices, (9) Achieve 100 per cent registration of births, deaths, marriage and pregnancy, (10) Contain the spread of Acquired Immuno Deficiency Syndrome (AIDS) and promote greater integration between the management of Reproductive Trace Infection (RTI) and Sexually Transmitted Infactions (STI) and the National AIDS Control Organisation. (11) Prevent and control communicable diseases, (12) Integrate Indian System of Medicines (ISM) in the

provision of reproductive and child health services, and in reaching out to households, (13) Promote vigorously the small family to achieve replacement levels of TFR, (14) Bring about convergence in implementation of related social sector programs so that family welfare becomes a people centred program.

In order to promote the achievement of these national socio-demographic goals, the following strategic themes have been enumerated:

Decentralize planning and program implementation, (2) Converge service delivery at village levels, (3) Empower women for improved health and nutrition, (4) Promote Child Survival and Child Health, (5) Meet the unmet needs for family welfare services, (6) Target the under-served population groups, (7) Put in place diverse health care providers, (8) Collaborate with non-government organizations and the private sector,

(9) Mainstream Indian Systems of Medicine and Homoeopathy,

(10) Promote contraceptive technology and research on reproductive and child health, (11) Provide for the Older Population, (12) Information, Education and Communication.

Additionally, 16 promotional and motivational measures have been enumerated to facilitate early implementation of the National Population Policy:

(1) Panchayats and Zila Parishads will be rewarded and honoured for exemplary performance in universalising the small family norm, achieving reductions in infant mortality and birth rates, and promoting literacy with completion of primary schooling, (2) The Balika Samridhi Yojana run by the Department of Women and Child Development, to promote survival and care of the girl child, will continue. A cash incentive of Rs. 500 is awarded at the birth of the girl child of birth order 1 or (3) Maternity benefit Scheme run by the Department of Rural Development will continue. A cash incentive of Rs. 500 is awarded to mothers who have their first child after 19 years of age, for birth of the first or second child only. Disbursement of the cash award will in future be linked to compliance with antenatal check up, institutional delievery by trained birth attendant,

registration of birth and BCG immunisation, (4) A Family Welfare-linked Health Insurance Plan will be established. Couples below the poverty line, who undergo sterilisation with not more than* two living children, would become eligible (along with children) for health insurance (for hospitalisation) not exceeding Rs. 5000, and a *personal* accident insurance cover for the spouse undergoing sterilisation,

(5) Couples below the poverty line, who marry after the legal age of marriage, register the marriage, have their first child after the mother reaches the age of 21. accept the small family norm, and adopt a terminal method after birth of the second child, will be rewarded,

(6) A revolving fund will be set up i'ur income-generating activities by village-level self help groups, who provide community-level health care services, (7) Creches and childcare centres will be opened in rural areas and urban slums. This will facilitate and promote participation of women in paid employment, (8) A wider, affordable choice of contraceptives will be made accessible at diverse delivery points, with counselling services to enable acceptors to exercise voluntary and informed consent, (9) Facilities for safe abortion will be strengthened and expanded, (10) Products and services will be made affordable through innovative social marketing schemes, (11) Local entrepreneurs at village levels will be provided soft loans and encouraged to run ambulance services "to supplement the existing arrangements for referral transportation, (12) Increased vocational training schemes for girls, leading to self-employmetit will be encouraged, (13) Strict enforcement of Child Marriage Restraint Act, 1976, (14) Strict enforcement of the Pre-Natal Diagnostic Techniques Act, 1994, (15) Soft loans to ensure mobility of the ANMs will be increased, (16) The 42nd Constitutional Amendment has frozen the number of representatives in the Lok Sabha (on the basis of population) at 1971 Census levels. The freeze is currently valid until 2001, and has served as an incentive for State Governments to fearlessly pursue the agenda for population stabilisation. The freeze needs to be extended until 2026.